

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) ARC920000096US2
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Hitachi Global Storage Technologies Netherlands B.V</u> and the title of my position with said assignee is: <u>Counsel, Intellectual Property Law</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>Eric Edward Fullerton</u>	Citizenship <u>United States</u>	
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Inventor <u>Bruce David Terris</u>	Citizenship <u>United States</u>	
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<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,391,430</u>	Date of Patent Issued <u>05/21/2002</u>	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> <p>PATTERNED MAGNETIC RECORDING MEDIA WITH DISCRETE MAGNETIC REGIONS SEPARATED BY REGIONS OF ANTIFERROMAGNETICALLY COUPLED FILMS</p> </div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>7/29/2003</u> as reissue application number <u>10 / 630,818</u> and was amended on <u>7/29/2003</u> (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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At least one error upon which reissue is based is described as follows:

The reason for the claim correction is that the applicant claim more than entitled to claim in the independent claims 1 and 10 as originally issued. The Applicants added limitations of "a plurality of concentric data tracks" and "second regions being magnetically recordable data bits" to claims 1 and 10, thus narrowing these claims.

Claims 6, 7, 13, and 14 are being amended to independent form to include the limitations of their respective original independent claims, which include a magnetic layer on a substrate having a first and second ferromagnetic film and a nonferromagnetic film between thereof. The magnetic layer is patterned into first regions and second regions. New dependent claims 15 and 16 are added and are supported by the specification of the original Patent.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☒ Practitioners associated with Customer Number: 50439

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

☒ The address associated with Customer Number: 50439

OR

☐ Firm or
Individual
Name

Address

City

State

Zip

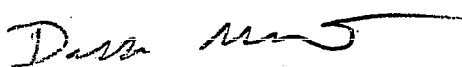
Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature



5/19/08

Full name of person signing (given name, family name) DOUGLAS R. MILLETT

Date
May 19, 2008

Address of Assignee

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DECLARATION by ASSIGNEE**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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City Sunnyvale	State CA	ZIP 95120	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country